

Statement and Testimony of Dr. William Stewart Surgeon General - Public Health Service at the 1967 Senate Hearings.

155

y promote the 100-millimeter cigarette as the hazard. the cigarette that "smokes longer than you can't knock it off in a fast least 7." What the ads do not say ases the smoker's total dosage and the harmful effects of smoking. longer profits for the cigarette cigarettes were introduced last market; this year the estimate is If this trend continues the effect its might accrue from a shift to a previous evidence indicates that cigarette tends to continue to smoke cigarette than before. by law to carry the warning that It is not in the public interest to the smoker to increase his intake urge the cigarette industry to reconsider its from the Surgeon General's and 60, approximately one-third of the sense they would not have cigarette smokers had the same death most important cause of chronic early increases the risk of dying death rate from coronary heart of nonsmokers. This increases to presence of other known risk as high serum cholesterol. are lost each year in the United lost if cigarette smokers had the This represents almost 20 percent United States which results from smoking and death rates from suggests that a similar relation- a morbidity. the cigarette habit in terms of and the cost to the Nation of the women. We would hope that the the growing seriousness of the to help prevent a bad situation the market and the promotion advertising would be steps in this advertising would be to own on each cigarette. Studies cigarette when smoked contains

almost 50 percent of the total condensate recoverable from the smoke, whereas the condensate from the first third contains about 25 percent. In other words, as more of the cigarette is smoked down to a shorter length, the dosage of smoke condensate, including known carcinogens, increases.

I believe that disclosure of tar and nicotine on cigarette packages and in advertisements, and the responsible promotion of those cigarettes low in tar and nicotine would be constructive and helpful steps to the extent they provide the smoker with as much information as possible on the risks of smoking and enables him to make his own decision as to the amount of dosage he will accept. Public opinion backs such action. A Public Health Service survey shows that 77 percent of people who were interviewed felt that cigarette companies should be required to list tar and nicotine content on packages; among cigarette smokers, 71 percent favored such action. As other substances are found in the cigarette smoke which contribute to the health hazard of smoking, the identity and quantity of such substances should be included along with tar and nicotine in the package labeling and in advertising. The question is: Will tar and nicotine disclosure on cigarette packages and in advertisements encourage wider use of the brands with lower levels? I believe that a progressive reduction of tar and nicotine levels will result from such action because of public demand.

The phenomenal increase in sales of filter cigarettes from only 2 percent in 1952 to nearly 70 percent today reflects the average smoker's concern in protecting himself as much as possible against the hazards of smoking. Since it is obvious that self-protection is much of the motivation for switching to filters, it is important to insure that filters are effective in reducing the harmful ingredients of the cigarette smoke. It is reasonable to assume that health-conscious smokers will shift to an acceptable low tar and nicotine cigarette in the same, and or greater, proportion as they have switched to filter cigarettes.

In the period when tar and nicotine content was not publicized in advertisements and in labels, there was no incentive to reduce these harmful ingredients. On the contrary, the tendency was to produce cigarettes with higher tar and nicotine content. It is my opinion that the identification of tar and nicotine levels would be in the interest of better health. It should be recognized that not all consumers will choose a lower tar and nicotine cigarette, but previous experience and the attitudes currently expressed by smokers lead me to believe that many will do so if given the opportunity.

Some doubts have been expressed that the lower tar and nicotine cigarette can in the long run reduce the hazards of smoking, and these dissenting views have been considered by an expert committee of scientists. They have taken into account, for example, the argument that the smoker who turns to a lower tar and nicotine cigarette may smoke his cigarette further down and smoke more of them. But there is evidence that this does not occur; it has been found that the smoker who takes up the lower tar and nicotine cigarette tends to smoke the same number, or fewer, cigarettes than he did before the change.

It has also been argued that promotion of a low tar and nicotine cigarette might lull the smoker into believing that he could smoke this cigarette without any accompanying risk. But there are three factors

1005072758

at least a pattern of logic behind the system. This is in reference to the studies on the heart. It looks as if nicotine in the heart muscles. Now, if you give a drug, which cuts down the oxygen, a person who is 50 years old, and his heart, the increased oxygen demand do have a mechanism which would cigarette smoking and coronary attack, further running down. This is my evidence regarding smoking and problems, or allergies? about allergies. I could ask my two experts. There is, of course, a relationship between irritation problem of the bronchial tract, and all of the others!

any kind of smoke—from cigars, are substances in the tobacco smoke, in the tobacco smoke, which have an effect on the bronchial tract, the little hairs up the bronchial tract, they stop to cigarette smoke, they are found in just an irritation factor that one allergies, I don't know. Dr. Kotin, has people allergic to tobacco? And be allergic to anything else, but a good way to get them to stop smoking. Some relationship between cigarette smoking to various respiratory viruses. In your statement you say: Effect in reducing the harmful ingredients now make up 70 percent of the market. Filters reduce the harmful ingredients reduce the tar and nicotine, and some

the day before yesterday that he made binary determinations that people lower incidence of lung cancer than us. Do you subscribe to that?

Moore's statement. I don't know about it. It is a study that has not been

The CHAIRMAN. We have had a lot of evidence here about filters. I guess we are going to get some more before we are through.

But generally speaking, is a filter cigarette better than a cigarette without a filter?

Dr. STEWART. If the filter in fact does lower the tar and nicotine content significantly, then it is better.

The CHAIRMAN. It sure makes the butt longer, doesn't it?

Dr. STEWART. Not necessarily. You can attach the filter on the end and keep going out. There is no limitation at 100 millimeters. It could be 120. What the basis of this is, Senator Magnuson, is that there is

The CHAIRMAN. Let me put it this way: Putting filters on cigarettes surely was an honest attempt, I think, by the manufacturers to see if they couldn't reduce, by filtration, the smoker's intake of harmful ingredients.

Dr. STEWART. Certainly the evidence is that the public feels that way, that the filter cigarette was there to protect them from the hazards of cigarette smoking.

The CHAIRMAN. But in many cases it doesn't?

Dr. STEWART. That is correct.

The CHAIRMAN. In some cases though, there is evidence that certain filters do reduce the harmful ingredients?

Dr. STEWART. This is correct.

The CHAIRMAN. And we have heard some suggestion that they could even do better.

Dr. STEWART. I think this is highly possible.

The CHAIRMAN. Now, I was going to ask you this: When a fellow has an idea that he thinks is good on filters, why couldn't some group within your department act as sort of a clearinghouse to evaluate this sort of thing?

The CHAIRMAN. You mean in terms of evaluation in a scientific manner?

The CHAIRMAN. Yes. So he would have a place to have it evaluated, rather than the way it has been going on lately.

Dr. STEWART. I think, Senator Magnuson, we would be very happy to do that. I think the groups that ask us to do this must understand that I have no statutory basis on confidentiality, and as far as they desire to protect the patent, and generally if you are really going to test something, you have to know what it is you are testing, so there has to be some kind of disclosure.

We could keep it confidential, but I would have no statutory basis to depend on for that within our agency.

The CHAIRMAN. In other words, your participation could create a patent problem with the people who want to take out the patents?

Dr. STEWART. That is correct. It raises the question of a public patent.

The CHAIRMAN. Yes. All right.

Senator Morton?

Senator Morton. Just one question, doctor. We listened yesterday and the day before to very knowledgeable professional people in this field and today we have had the benefit of your professional experience.

My question is this: we have got a problem. I don't admit the problem is as extensive as you might say, but that is neither here nor there.

1005072759